

Free Entry Field

Fixed Format Entry Field

Ergonomic

Reporting and Ergonomic Evaluation:

Time from perception of discomfort or pain until reporting to supervisor:

Comment:

Time from perception of discomfort or pain until requesting ergonomic evaluation:

Comment:

Time from perception of discomfort or pain until reporting to Health Services:

Comment:

Time from evaluation to completion of identified corrections:

Comment:

Was supervisor involved in the ergonomic evaluation corrective action discussion:

Comment:

Was supervisor aware of instructions given by evaluator:

Comment:

Did employee follow evaluator and medical instructions:

Comment:

Did supervisor monitor employee's adherence to workstation and work conduct instructions:

Comment:

Was discomfort or pain due to an increase / peak in work activity:

Comment:

Did the onset of discomfort or pain follow a relocation or change in furniture or computer equipment:

Comment:

Was the activity initiating the discomfort or pain relate to a new work process:

Comment:

Time relation to development of discomfort:

Comment:

Comments: ☐

RSI Guard: ☐ Installed ☐ Active ☐ Not Activated ☐ Activated During Current Eval

Current Self-assessment Overall Risk Rating

Discomfort ☐ High ☐ Medium ☐ Low
Risk ☐ High ☐ Medium ☐ Low

Comments: ☐

ERGO EHS Training: ☐ JHA shows completion of EHS0059 Ergo Self-assessment for Computer Users

☐ JHA shows current completion of EHS0058 Ergo Self-assessment Refresher

Ergo Eval History: Last Eval

☐ Discomfort ☐ Move ☐ Routine Sweep ☐ Work Load ☐ Other

Performed by: ☐ Ergonomist ☐ Advocate ☐ Other

Eval Recommendations Completed ☐ No ☐ Yes

Comments:

Prior Evals

☐ Discomfort ☐ Move ☐ Routine Sweep ☐ Work Load ☐ Other

Performed by: ☐ Ergonomist ☐ Advocate ☐ Other

Eval Recommendations Completed ☐ No ☐ Yes

Comments:

☐ Additional prior evals documented in same fashion as above, but at end of document

Move History: Recently Moved ☐ No ☐ Yes

Comments:

Computer: ☐ Laptop ☐ Docking Station ☐ Remote Mouse ☐ Remote Monitor

☐ iPad ☐ Handheld Remote Keyboard ☐

☐ Desktop

Comments:

Monitor: Number of Monitors at Workstation Size

Comments:

Desk: ☐ Fixed Height ☐ Adjustable ☐ Motorized ☐ Mechanical

Make Model Height

☐ Keyboard Tray ☐ Morency Rest ☐ Standing Mat ☐ Other

Comments:

Mouse: ☐ Left Hand ☐ Right Hand Type Make

% Time or Hours Used

☐ Right Hand Type Make

% Time or Hours Used

Comments:

Keyboard: Type Make

% Time or Hours Used

Ten Key: In Keyboard Remote

% Time or Hours Used

Comments:

Chair: Make Model Type of Wheels

Adjusted by: ☐ Self ☐ Ergo Advocate ☐ Ergonomist

Floor mat used Yes ☐ No ☐ Size (x ft by y ft)

Hard Plastic ☐ Soft cushion rubber ☐

Comments:

Other Issues: ☐ Floor uneven ☐ Floor not level ☐ Wires / other ☐ Glare ☐ Lighting ☐ Broken Equipment

Comments:

Habits: Time Sitting (hrs) Time Standing (hrs)

Are personally initiated breaks taken Yes ☐ No ☐

Frequency of personal break Duration of personal break

Comments: ☐

Breaks: Break reminder software used Yes ☐ No ☐

Frequency of automated break Duration of automated break

RSI Guard break compliance

Comments: ☐

Travel: Yes ☐ No ☐ Frequency

Comments: ☐

What type of electronic devices are primarily used during travel (describe duration of use in comment line below)

☐ Laptop ☐ iPad ☐ Handheld ☐ Smart Phone ☐ Onsite Desktop ☐ Other

Comments: ☐

How much time is laptop used

☐ In hotel room ☐ In meetings

Comments: ☐

Work at Home: ☐ Yes ☐ No # of Hours Days/Week

☐ Daily ☐ Yes ☐ No ☐ During normal business hours in lieu of being at Lab location

of hours

☐ Daily ☐ Yes ☐ No ☐ Evening only after work at Lab location

of hours

Comments: ☐

☐ Weekly ☐ Yes ☐ No ☐ During normal business hours in lieu of being at Lab location

days per week # of hours

☐ Weekly ☐ Yes ☐ No ☐ Evening only after work at Lab location

days per week # of hours

Comments: ☐ _____

☐ Periodically ☐ Yes ☐ No ☐ During normal business hours in lieu of being at Lab location

frequency (days/mo) _____ # of hours _____

☐ Periodically ☐ Yes ☐ No ☐ Evening only after work at Lab location

frequency (days/mo) _____ # of hours _____

Comments: ☐ _____

Telecommute Agreement Yes ☐ No ☐

Ergo eval completed for home office Yes ☐ No ☐

☐ Fixed workstation (desktop) ☐ Laptop ☐ Remote Mouse

☐ Remote Keyboard ☐ Remote Display

Why is work done at home? _____

Comments: ☐ _____

Phone Use: ☐ Handset ☐ Cradle with neck ☐ Headset used

Hours per day of phone use _____

Typical conversation length ☐ Long (>10 min) ☐ Med (5-10 min) ☐ Short (<5 min)

Comments: ☐ _____

Work Profile: ☐ Document ☐ Email ☐ Data Entry

of hours/day _____ # of hours/day _____ # of hours/day _____

☐ Data Manipulation ☐ Cut and Paste ☐ Unique Data Systems (travel, etc.)

of hours/day _____ # of hours/day _____ # of hours/day _____

☐ Proposals ☐ Procurement Docs

of hours/day _____ # of hours/day _____

Comments: ☐ _____

Computer Work Load: ☐ Consistant Level ☐ High ☐ Moderate ☐ Low

Comments: ☐

☐ Peaks ☐ Weekly ☐ Monthly ☐ Annual ☐ Other

Duration (use comments section for further description)

☐ Hours ☐ Days ☐ Weeks ☐ Months ☐ Other

Comments: ☐

Corrective Eyewear: Employee uses Yes ☐ No ☐

Type: Frames ☐ Contacts ☐

Reading Only ☐ Computer Only ☐ Worn At All Times ☐

Correction: Mono ☐ Bi ☐ Tri ☐

History: Has worn corrective eyewear for:
>1 yr ☐ 6 to 12 months ☐ 3 to 6 months ☐ 1 to 3 months ☐ < 1 month ☐

Age of eyewear worn at time of injury:
>1 yr ☐ 6 to 12 months ☐ 3 to 6 months ☐ 1 to 3 months ☐ < 1 month ☐